U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number **U** - 4940

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing.  Name Rose M WHITNEY  4. Name, file number, and address of labor organization.  Name CWA Local 9700  Labor Organization File Number \$72-346  P.O. Box, Bidg., Room No., if any  Street 222 E126 W ST  City Count Tow  Street 1844 Rosepeans Ave  City Rammount  State LA ZIP Code +4 902221312  State LA ZIP Code +4 902221312  State LA ZIP Code +4 902221312  Enter appropriate data below If, during the past facal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monorlary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name SBL  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 1010 No. 1/shr. pix  City L. A  State CALIT. ZIP Code +4  Signature La Local Specified on the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned to the instructions.	,	01 / 01 / 2004 Through: 02 / 31 / 2004
Labor Organization File Number 577-314  P.O. Box, Bidg., Room No., if any  Street 2222 E 124 M 57  City Conn 70 M State 64  ZIP Code +4 90222-1312  State 64  ZIP Code +4 90222-1312  State 64  ZIP Code +4 90222-1312  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loan) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name 586  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  7. A. Nature of interest, Transaction, or Income.  Tackets 70	3. Name and address of person filing.	4. Name, file number, and address of labor organization.
P.O. Box, Bidg., Room No., if any  Street 2222 E 126 × 57  City Comp 70 L  State LA ZIP Code + 4 90222-1312  State LA ZIP Code + 4 90222-1312  State LA ZIP Code + 4 90222-1312  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including lones) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name SBL  Trade Name, if any:  7.a. Nature of interest, Transaction, or income.  Tackets To Lakee Game  Tickets To Lakee Game  Tickets Solve Shauce Shauce Shauce  Signature Ane Shauce Shauce Shauce  Signature Ane Shauce Shauce  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Name ROSE M WHITNEY	Name CWA Local 9400
Street 2222 E 126 W 57  Street 1844 Roseerans Ave  City Cours Tow State LA ZIP Code + 4 90222-1212  State LA ZIP Code + 4 90222-1212  State LA ZIP Code + 4 90222-1212  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name SBC  Trade Name, if any:  7. A. Nature of Interest, Transaction, or Income.  Tackers To Laker game  Figure Space		Labor Organization File Number 577 - 316
City Conno 70 A  State CA  ZIP Code + 4 90222-1312  State CA  ZIP Code + 4 90222-1312  State CA  ZIP Code + 4 90222-1312  State CA  ZIP Code + 4 90223-3  5. Position in labor organization.  Secrefacy - Treasures  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name SBC.  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  T.A. Nature of Interest, Transaction, or Income.  Taken and Year Company of Transaction, or Income.  Taken and Year Company or Income.  Taken and Year Company or Income.  Taken and Year Company or Income.  Signature Applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
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(except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name SBC  Trackerts To Laker game  Trackerts To Laker game  Figure presents Transaction, or Income.  Trackerts To Laker game  Trackerts To Spanse Strenson X2  Trackert sell is Spanse Strenson X2  Trackert sell is Spanse Strenson X2  To Laker Sell is Spanse Strenson X2	5. Position in labor organization. Seakefaky - TROAS	user
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  L.A. A  Signature  Signature  To Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
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